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83328

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 065	Agency Case No. B6-015133	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/19/2016		(In Military Time) TIME OF ACCIDENT 1500	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2302	02/22/2016	
B	60	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. Capital and Randolph			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	4	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
		50.00		X N Curb of Randolph		
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F	1	DRIVER LICENSE NO.	H12265520		STATE (Of License)	NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	2	DRIVER	TANNER J HOYT		PHONE	402-613-3216
V2/N	2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/30/1978
G	4	OWNER	TANNER HOYT		PHONE	402-613-3216
H	2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/O	1	LICENSE PLATE	PA NO. SSZ790	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O	1	VEHICLE	1998	MAKE Chevrolet	MODEL 1500	BODY STYLE Pickup truck
V1/O	1	VEHICLE ID NO. (VIN)	3GNFK16R9WG146828		COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 750
V2/O	1	TOWED TO	TOWED BY		INSURANCE COMPANY	Progressive
V2/O	1	POLICY NO.		907-909-144		
VEHICLE NO. 2						
I	1	DRIVER LICENSE NO.	H13408855		STATE (Of License)	NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	8	DRIVER	BRADLEY L ROBERTS		PHONE	402-472-0717
V2/P	8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/04/1994
J	01	OWNER	BRADLEY L ROBERTS		PHONE	
V1/Q	4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V2/Q	4	LICENSE PLATE	PA NO. RPY645	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	4	VEHICLE	2012	MAKE Nissan	MODEL Rouge	BODY STYLE Compact Utility
V2/Q	4	VEHICLE ID NO. (VIN)	JN8AS5MT1CW250773		COLOR gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
K	02	TOWED TO	TOWED BY		INSURANCE COMPANY	Allstate
K	02	POLICY NO.		995023441		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	2	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
		Zoe Gildersleeve	1780 R Street, Lincoln, NE 68588		06/20/1997	03 1 05 4 1 F
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.
			BryanLGH Medical Center East (Bryan)		Other	
VEH. #		NAME	ADDRESS			
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #		NAME	ADDRESS			
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.

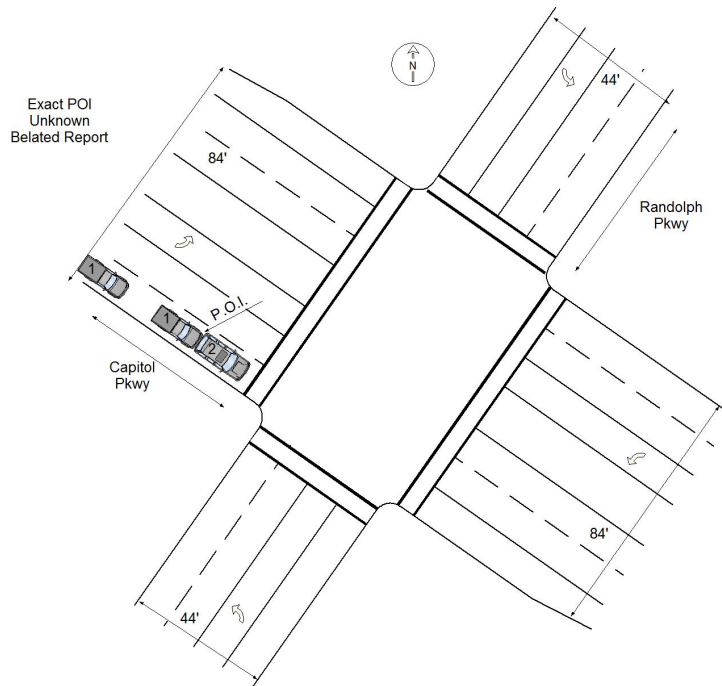
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-015133



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Belated Report

DR#1 reported he was Eastbound on Capital Parkway, stopped at the Randolph light. DR#1 said his steel toed boot became trapped next to accelerator, causing VEH#1 to strike VEH#2. DR#2 reported he was also Eastbound on Capital Parkway, and was stopped at the Randolph light, when his vehicle was struck by VEH#1. Drivers swapped information and left scene. Passenger of VEH#2 reported injuries several days later.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1			X		Capitol Parkway										
2			X		Capital Parkway										
1	01				06 Turning left	POINT OF IMPACT	01	POINT OF IMPACT	05						
2	11				08 Entering traffic lane	MOST DAMAGED AREA	02	MOST DAMAGED AREA	05						
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		02 03 04 01 05 08 07 06		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	
OFFICER NO. 1726						TROOP/ TEAM/ BEAT 11		DEPARTMENT Lincoln Police Department						Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
INVESTIGATOR NAME (Print or Type) Joseph Keiser								INVESTIGATOR SIGNATURE Approved by Ofc Joseph Keiser						DATE OF REPORT 02/22/2016	